

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nurse Stewart  
 Lee Co. Det. Center  
 P.O. Box 2407  
 Opelika, AL 36801

A. Signature

X *Brenda Ingram* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

*Brenda Ingram*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
 (Transfer from service label)

7005 1820 0002 3461 2953

PS Form 3811, February 2004

Domestic Return Receipt

95-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>may</i></p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Brenda Ingram</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) <i>Brenda Ingram</i> C. Date of Delivery <i>3:0600257</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <i>pro &amp; cmf</i></p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 1820 0002 3461 7</p>			

SCANNED

*Dr. Lacey*  
*Lee Co. Det. Center*  
*P.O. Box 2407*  
*Opelika, AL*  
*36801*